

*Basics of Occupational
Medicine: Workers'*
**Compensation Part 2:
Introduction to Case
Management**

Marianne Cloeren, MD, MPH

USACHPPM

10 July 2002

Topics

- Elements of Case Management
- Effective Strategies for Return to Work
- Role of the OH Clinic
- Teamwork
- Metrics for Success
- Problem Solving

Goals of an Effective Workers' Compensation

- Program
- Immediate response to employee's needs
 - Expeditious return to normal duty or Alternative Work Assignment (AWA)
 - Improve communication between all parties
 - Prevent injuries and illnesses
 - Establish responsibility and accountability
 - Ensure compliance with Agency policy and Department of Labor regulations
 - Reduce costs
 - Swift action on fraudulent claims

Elements of an Effective Workers' Compensation Program

Command interest and support

- ◆ Policies
 - ◆ Accountability
 - ◆ Presence at relevant committee meetings
 - ◆ Visibility in work areas
- Teamwork
 - Education
 - Analysis of injury and illness data to identify trends and needed interventions

Elements of Effective Case Management

- Respectful communication
 - ◆ Include all who need to know
 - ◆ Promptness
 - ◆ Documentation
- Anticipation of problems and outcomes
- Proactive problem-solving
- Systematic approach to claim reviews
- Use available data systems

Data Systems for Case Management

- ICUC (Injury comp/Unemployment Comp)
 - ◆ Managed by DOD CPMS
 - ◆ Requires password (but now available to those managing claims even if not personnellist)
 - ◆ Current data on claims and costs, but not rates

Data Systems for Case Management

- AQS (Agency Query System)
 - ◆ OWCP system
 - ◆ Available to claim administrators
 - ◆ Case by case data, not cumulative
 - ◆ Case status information, including adjudication decisions

Data Systems for Case Management

- WCMIS – VA tracking system used within Army only by MEDCOM to track its own cases and rates
- DOD Lost Workday website:
<https://www.dmdc.osd.mil/ltwi/owa/ltwi>
provides lost day rates related to acute injury claims, by command and by installation

Pearls of Case Management

- Treat employees with respect
- Establish friendly communication with OWCP Claims Examiners
- Educate employees & supervisors regarding FECA
- Review chargeback reports
- Create and Implement an Alternative Work Assignment (AWA) Program
- Investigate questionable claims

Who Manages the Case?

- OWCP Claims Examiner
- DOL assigned nurse
- The Injured worker's physician
- The injured worker's supervisor
- The agency injury compensation program administrator (ICPA)
- The installation case manager
- The injured worker!

The OWCP Claims Examiner As Case Manager

- Decides on merits of the case
- Adjudicates the case (accepted or denied)
- Reviews claims only once case is losing time or has cost more than \$1500
- Decides on referral to nurse case managers, medical reviewers, vocational rehabilitation
- Determines need for second opinion exams
- Final authority (unless appealed)

The DOL Assigned Nurse As Case Manager

- **“QUALITY CASE MANAGEMENT”**
 - ◆ **Purpose: To return the injured employee to work as soon as possible in the recovery process**
- **Step 1: Staff Nurse Intervention**
 - ◆ **Reviews claims referred to them by examiners**
 - ◆ **Assigns claim to field nurse when necessary**
 - ◆ **Coordinates medical management with field nurse**

DOL Quality Case Management Process,

Control **Step 2: the Field Nurse**

- ◆ **Assigned by staff nurse**
- ◆ **Meets personally with injured employee**
- ◆ **Meets personally with employing agency**
- ◆ **Meets personally with physician**
- ◆ **Monitors medical management**
- ◆ **May participate in clinic visits, worksite accommodation**
- ◆ **Expedites return to work**

The Injured Worker's Physician As Case

Manager

The physician of record on the case

- Opinion carries the most weight at OWCP
- Establishes diagnosis, causation
- Recommends and delivers treatment
- Refers for diagnostic testing or specialist evaluation
- Decides when the injured worker may return to work and in what capacity

The Injured Worker's Supervisor As Case

Manager

- Refers injured employees to the agency clinic
- Completes the forms and initial investigation
- Critical role in returning employee to work and accommodating restrictions
- Stays on top of the case and coordinates/communicates with the ICPA

The ICPA As Case Manager

- Injury Compensation Program Administrator
- Usually a personnel role
- Responsible for processing the claims paperwork and administratively managing the claim
- Needs to juggle multiple claims at once
- Needs to coordinate with management, DOL, injured worker, medical staff

The Agency Case Manager

- Initiates case management at time of injury
- Facilitates access to medical care
- Coordinates RTW with treating MD
- Ensures periodic reassessment of medical status of injured workers
- Refers injured workers for voc rehab
- Participates in installation CRCP Team
- Trends rates to identify problems and successes

The Injured Worker As Case Manager

- Studies have found that the best predictor of return to work outcome is what the injured worker believes the outcome will be.
- Level of injured worker commitment (to becoming well or staying disabled) has strong impact on case outcome.
- Managing injured worker expectations through early and consistent messages is critical to successful outcome.

DOD Liaison Program

- DOD Liaison at each OWCP district office
- Role is to assist installation ICPA/case managers by
 - ◆ Researching case files
 - ◆ Facilitating requests for decisions from claims examiner
 - ◆ Adjudication
 - ◆ Requests for surgery, etc.
 - ◆ Second opinion exams

The Case Management Team

- Core:
 - ◆ The ICPA
 - ◆ The Occupational Medicine Clinician
 - ◆ The Case Manager
- Resources (esp. in accommodation issues):
 - ◆ Management
 - ◆ Safety, OH, Ergonomics

The Problem-Solving Team

- The injured worker
- The injured worker's supervisor
- The DOL nurse case manager if applicable
- Union representative if applicable and requested
- The Occupational Medicine clinician
- Personnel representative

Case Management of New Claims

- Investigate statements for fact
 - ◆ Was employee at work the day of injury
 - ◆ Witness statements
- Advise selected physician of modified duty availability
- Involve OH clinic
- Stay on top of dates (appointments, RTW advice, etc.) and contact injured worker and OWCP if missed.

Contesting claims

■ The Argument---

- ◆ The FACTS—Nothing but the FACTS
- ◆ Witness statements
- ◆ Agency policy—in writing
- ◆ Reinforce with appropriate FECA regs, ECAB decisions etc.

Controversion vs. Contesting

- COP claim can be controverted.
- Contesting refers to doubt about:
 - ◆ the merits of the claim
 - ◆ the payment of medical bills
 - ◆ specific medical treatment
 - ◆ continuing disability
 - ◆ the recurrence of a condition or disability

Possible Outcomes of a Claim

- Claimant returns to work in original position.
- Claimant returns to work in a new position
- OWCP terminates compensation because
 - ◆ The claimant has no disability or the disability is not work-related
 - ◆ The claimant refuses offer of suitable work
 - ◆ The claimant refuses vocational rehabilitation
- Ongoing disability and compensation
- Claimant chooses retirement benefits and compensation is terminated

Outcome: RTW New Position

■ Possibilities

- ◆ Same employer
- ◆ New employer
- ◆ Vocational Rehabilitation
- ◆ Wage adjustment

The Vocational Rehabilitation Process

- Referral via the OWCP Claims Examiner
- Screening by the Vocational Rehabilitation Program for suitability
- Initial Interview with injured worker
- Case Opening—If employee
 - ◆ Has not returned to work
 - ◆ Cannot perform usual work because of injury
 - ◆ And will benefit from rehabilitation services.

Vocational Rehabilitation Options

- Placement with Previous Employer—up to 90 days.
- Occupational and Medical Rehabilitation Training
- On-the-Job Training, usually six months
- Placement with New Employer with or without short term assisted reemployment

Formal Job Offer Process

- When employee can not return to job held when injured
- Job offer
 - ◆ Must be in writing
 - ◆ Must contain complete job description
 - ◆ Must contain complete physical requirements (consistent with medical restrictions)
 - ◆ Must include the date the job begins and the date by which the employee must respond

Formal Job Offer Process, cont'd

- If accepted
 - ◆ injured worker begins work as agreed
 - ◆ send job offer and physician concurrence to OWCP
 - ◆ OWCP decides within 60 days

Formal Job Offer Process, cont'd

- If declined
 - ◆ send job offer and physician concurrence to OWCP
 - ◆ follow up with OWCP for suitability decision
 - ◆ OWCP gives injured employee 30 days to respond
 - ◆ compensation will continue until final decision is made

Case Management of Old Claims

- Systematic review of chargeback bill to ensure claims are attributed to agency correctly
- Systematic review of case files for
 - ◆ Overdue actions, such as
 - ◆ Second opinion exams
 - ◆ OWCP decisions
 - ◆ Presence of required medical reports documenting ongoing disability
- DOD Liaison can get reports from OWCP

Case Management of Old Claims

- Case management team meetings to
 - ◆ Review medical reports
 - ◆ Discuss approaches to treating physician, OWCP, supervisor for accommodation, etc.
 - ◆ Determine actions such as
 - ◆ Request 2nd opinion exam, voc rehab referral, senior level review
 - ◆ Suggest formal job offer
 - ◆ Suggest termination

Role of the OH Clinic

- OH Clinicians can and should participate in injury management
 - ◆ Evaluation and offer of treatment (if latter is in scope of services) on day of injury (may not interfere with issuance of CA-16 or employee's right to see physician of choice)
 - ◆ Review of medical restrictions
 - ◆ Assistance with accommodation
 - ◆ Review of medical documentation
 - ◆ Case management support
 - ◆ injured worker advocacy when roadblocks occur

Role of the OH Clinic

- Although the on-site OH physician is considered biased toward the agency by OWCP, claims examiners must take into consideration all documentation.
- Claims examiners pay attention to well-reasoned medical opinions, especially those that provide factual information regarding series of events, occupational exposures, and reviews of relevant medical literature.
- OWCP requires MD or DO evaluation (not PA or NP.)

Role of the OH Clinic

- Report of examination by the OH physician is worthless if illegible.
- Ideally the physician's report should be in medical narrative format rather than clinic notes.
- Opinions may also be submitted based on review of medical and exposure documentation.
- Notes and reports should contain history of injured worker statements about how and when injury occurred.

Role of the OH Clinic

- Programmatic role
 - ◆ Participation on the FECA/CRCP committee
 - ◆ Analysis and communication of data related to claim rates, costs and trends
 - ◆ Recognition of problem work areas and participation with safety/IH and management in corrections

Case Management Performance Metrics

- Develop specific performance metrics to follow and use in regular reports
- Review these indicators regularly to
 - ◆ Determine if they are communicating anything useful
 - ◆ Amend as new data sources become available
- Ultimate goal is to provide management with accurate information to make intelligent decisions
- Secondary goal is to determine success of your program

Case Management Performance Metrics

- Available data and sources
 - ◆ Claim and cost data from the CRCIS chargeback report or from ICUC
- COP and LWOP days lost and rates
- COP costs
- Compensation yearly costs vs. last year's costs
- Analyze your data to identify and report on trends requiring further evaluation or intervention.

Future Data Source

- CPMS is developing an upgrade to their ICUC system
 - ◆ Will provide trends and rates
 - ◆ Multiple and flexible report options
 - ◆ Will not require password
 - ◆ Should be available by 2003

Rates

- Claim rates are not yet available in data sources but can be calculated
 - ◆ Numerator is the claims or costs
 - ◆ Denominator is the employee population
 - ◆ $N/D \times 100$ gives the rate per 100 employees
- Rates are needed to compare from year to year or among different parts of the organization since the population numbers will differ.

Metrics

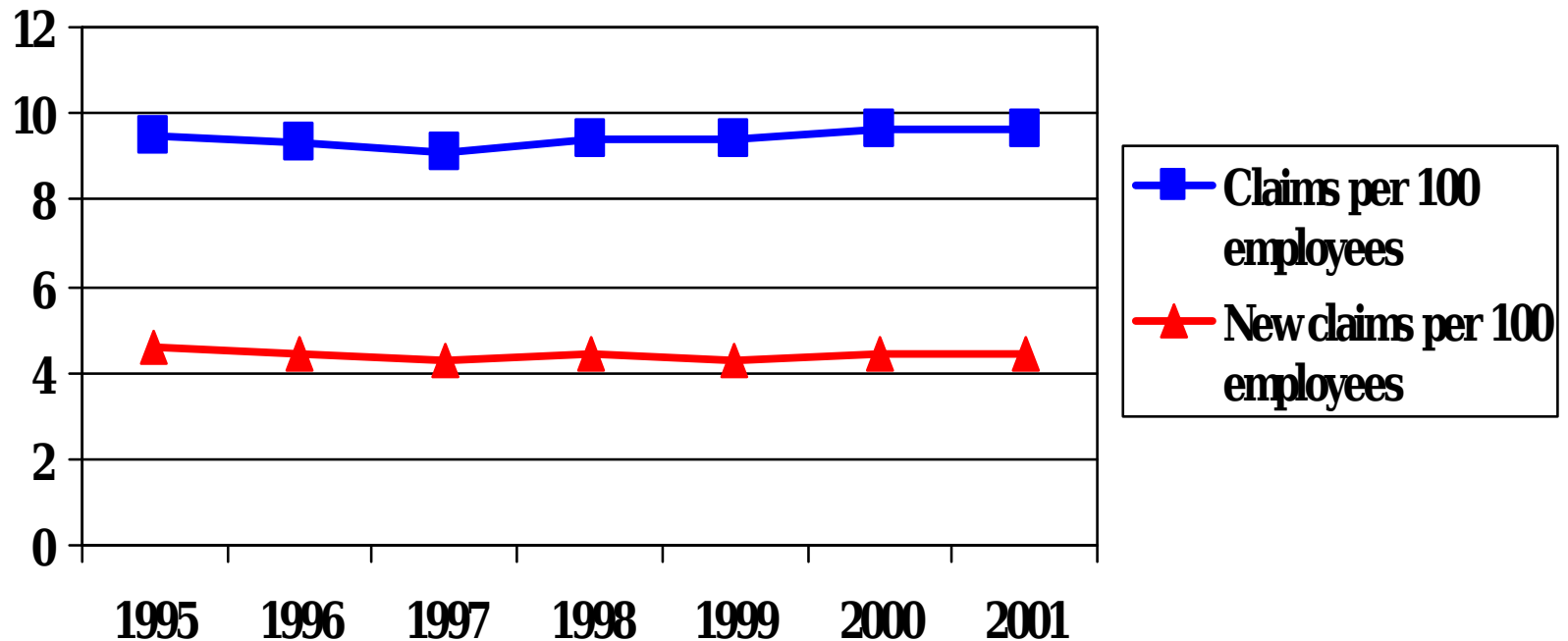
- Total Claim Rate
- New Claim Rate
 - ◆ New Injury Rate
 - ◆ New Illness Rate
- New Lost-Time Claim Rate
- Old Claim Rate
- Chargeback Cost Rate
- Lost Workday Rate

Metrics: Total Claim Rate

- Numerator: total open claims in the chargeback report for the given year
- Denominator: employee civilian population for the same time period
- Multiply by 100 for rate per 100 employees

Example: Army Total and New Claim Rates

DA Total and New Claim Rates



Metrics: New Claim Rate

- New Claim Rate
 - ◆ Numerator: Claims filed in the same year as the year in question
- New Injury Claim Rate
 - ◆ Numerator: Ca-1 claims filed in the same year
- New Illness Claim Rate
 - ◆ Numerator: Ca-2 claims filed in the same year

Metrics: New Lost Time Claim Rate

- Numerator is Ca-1 claims marked by OWCP at time of filing as lost time.
- Field in database is “Extent of Injury = X”
- Only applies to Ca-1 (injury) claims
- Misses lost time cases related to illnesses
- Misses any lost time occurring later in an injury claim
- Does not count amount of time lost, but rather cases that lose time.

Metrics: Old Claim Rate

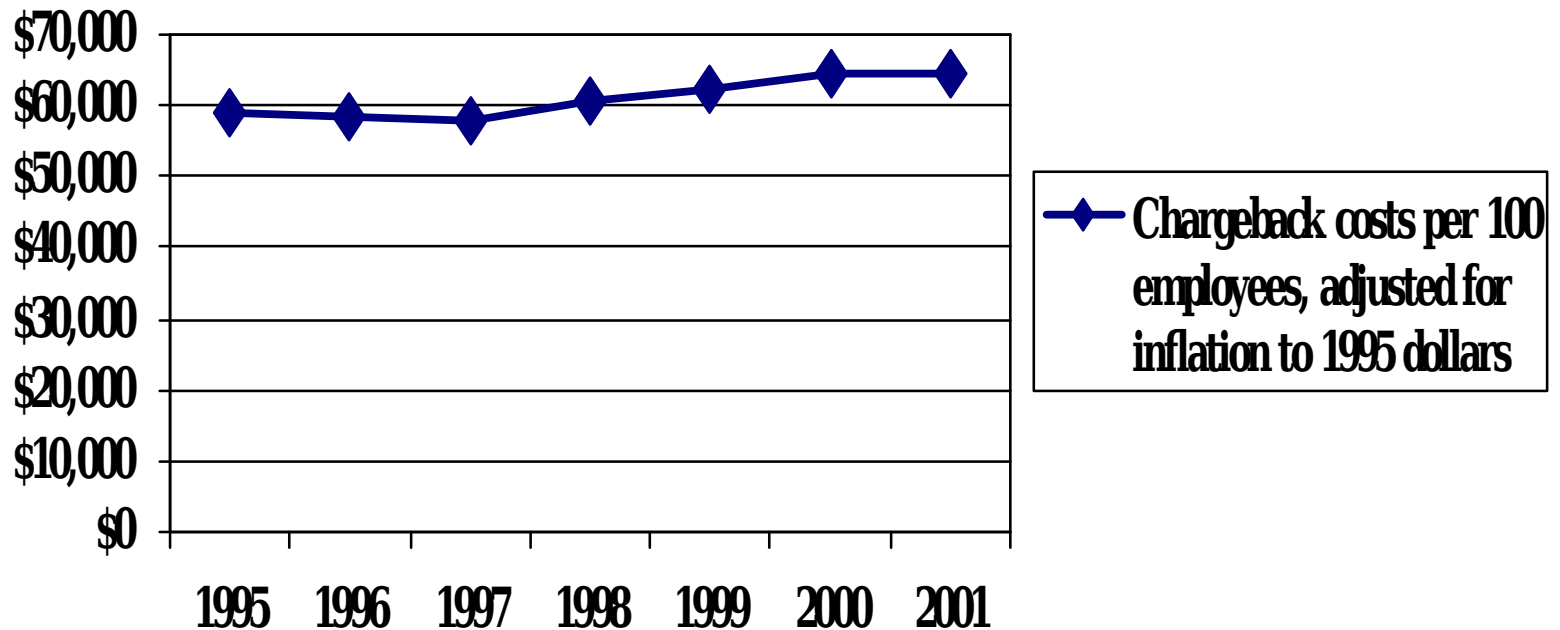
- No formal accepted definition of old claims
- Definition used at USACHPPM
 - ◆ Claims still open in the chargeback year but filed in any previous year.
 - ◆ Excluded claims for death benefits and those with charges only for medical care

Metrics: Chargeback Cost Rate

- If the employee population is shrinking faster than the chargeback costs are, even a decrease in overall chargeback costs may reflect an increased rate.
- Numerator: Chargeback costs for the year
- Denominator: Population for that year
- Formula: $N/D \times 100$ for chargeback cost rate per 100 employees

Example: Army Chargeback Cost Rates

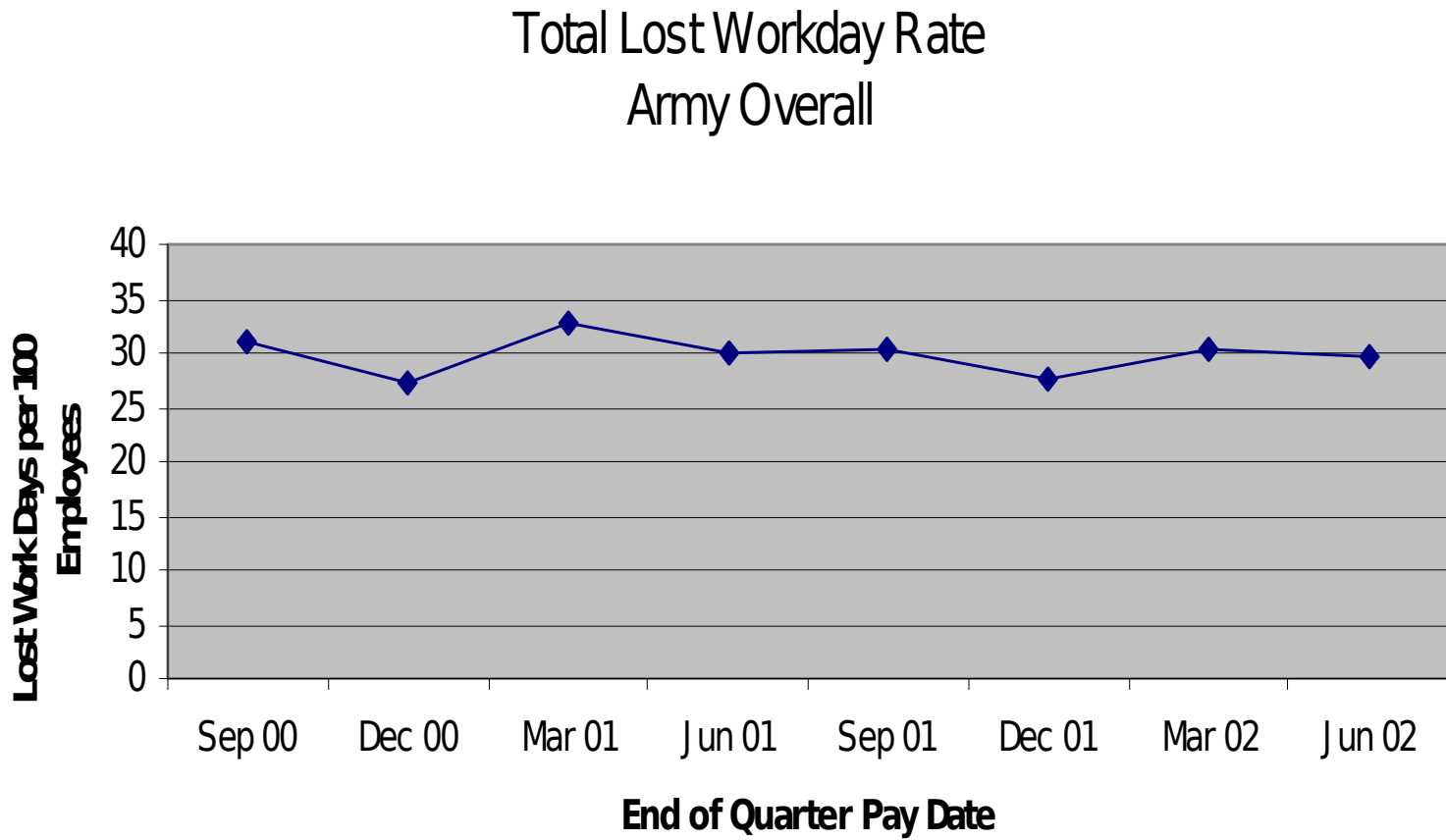
DA Chargeback Cost Rate



Metrics: Lost Workday Rate

- DOD Lost Workday website:
<https://www.dmdc.osd.mil/ltwi/owa/ltwi>
- Total Lost Workday Rate will be used to track compliance with SecDef Rumsfeld 2002 tasker to reduce lost time accidents by 50%
- Website gets numerator (COP and LWOP days lost) and denominator (FTEE calculated from hours worked) from timecard data.

Example of Lost Workday Report



Other Metrics

Considerations

- Consider local system to track restricted duty cases and days
- Use the DOL data to analyze
 - ◆ Most common injury causes
 - ◆ Most common illness diagnoses (“nature of injury”)
 - ◆ Body parts affected
 - ◆ Most expensive injuries
 - ◆ Personnel at risk (occupation codes)

Some Good Web Resources

- <http://www.cpms.osd.mil/icuc/icuc.htm>
CPMS site for ICUC information with good downloadable documents and links
- http://nt.scbbs.com/cgi-bin/om_isapi.dll?clientID=31829&infobase=dol-32&software=ref_MainView
Information on ECAB decisions
- <https://www.dmdc.osd.mil/ltwi/owa/ltwi>
The DOD Lost Workday site
- http://www.dol.gov/esa/owcp_org.htm
OWCP's website

Summary

- OH clinicians are integral part of a team
- OH clinicians' experience is well-suited for:
 - ◆ Offering clinical care for comp injuries
Understanding work exposures relevant to claim
 - ◆ Assisting in RTW accommodation
 - ◆ Reviewing medical reports and providing advice
 - ◆ Analyzing data for trends and making
recommendations for preventive interventions.